

Department of Human Services
Bureau of Human Service Licensing

March 25, 2022

[REDACTED], OWNER
[REDACTED]
[REDACTED]

RE: LYTLE'S PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG, PA, 15459
LICENSE/COC#: 44391

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/22/2021, 11/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

January 10, 2022

[REDACTED], OWNER
[REDACTED]
[REDACTED]

RE: LYTLE'S PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG, PA, 15459
LICENSE/COC#: 44391

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 11/22/2021, 11/23/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: [REDACTED] License #: 44391 License Expiration: 03/07/2022
Address: [REDACTED]
County: FAYETTE Region: WESTERN

Administrator

[REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/24/1994 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 27 Waking Staff: 20

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 11/23/2021

Inspection Dates and Department Representative

11/22/2021 - On-Site: [REDACTED]
11/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 Residents Served: 27

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 23
Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/22/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/31/2021

Inspections / Reviews (*continued*)

01/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/13/2022*

03/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act, enacted 9/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device. On 11/22/2021, there was no carbon monoxide alarm near the fuel oil burning furnace in the furnace room off of bedroom #6.

Plan of Correction

Accept

Immediately: the carbon monoxide alarm was placed by furnace room off of the bedroom #6 while inspector was still in the building.

Completion Date: 01/10/2022

Document Submission

Implemented

Carbon Monoxide alarm will be tested at least monthly to ensure it is operating properly

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 11/22/2021 there was an uncovered trash can in the bathroom across for bedroom #5. The trash can was 1/2 full of used paper towels.

Plan of Correction

Accept

Immediately: The trash can was covered in bathroom across from bedroom #5.

Immediately: the admin or designee will monitor that all trash receptacles will be covered.

Completion Date: 01/10/2022

Document Submission

Implemented

The admin or designee will monitor that all trash receptacles will be covered, Monitoring will be conducted at least weekly

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 11/22/2021, there was a crack in the glass of the 4th panel down on the left door leading into the room with vending machines.

Plan of Correction

Accept

Immediately: the glass of the 4th panel down was removed from the left door leading into the room with vending machines.

92 - Windows (continued)

Immediately: admin or designee will monitor windows must be in good repair

Completion Date: 01/10/2022

Document Submission

Implemented

Immediately: admin or designee will monitor windows must be in good repair

101j2 - Bedroom Chairs**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

Description of Violation

On 11/22/2021, there were only 2 chairs in bedroom #5 which is occupied by 3 residents.

Plan of Correction

Accept

Immediately: a chair was put in bedroom #5 while inspector was still in building.

Immediately: Admin or designee will monitor that all rooms have enough chairs per occupied resident for that room.

Completion Date: 01/10/2022

Document Submission

Implemented

Immediately: Admin or designee will monitor that all rooms have enough chairs per occupied resident for that room

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 11/22/2021, residents #1 and #2 did not have access to a source of light that could be turned on/off at bedside.

Plan of Correction

Accept

Immediately : bulbs in lamps were replaced and were operable while inspector was still in building.

Immediately: admin or designee will monitor that all source of lighting will be operable in all bedrooms.

Completion Date: 01/10/2022

Document Submission

Implemented

Immediately: Admin or designee will monitor that all source of lighting will be operable in all bedrooms. Monitoring will be conducted at least weekly

121a - Unobstructed Egress**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress (continued)

Description of Violation

On 11/22/2021, at approximately 10:00 am, the kitchen screen door could not be opened blocking egress from the kitchen.

Repeat Violation 11/26/2019

Plan of Correction

Accept

Immediately: the kitchen screen door was repaired so it was operating properly while instructor was in the building

Immediately: admin or designee will monitor that all stairways, hallways, doorways and egress routes from rooms and the building are unlocked and unobstructed.

Completion Date: 01/10/2022

Document Submission

Implemented

All staff will be educated on keeping hallways, doorways, passageways and egress routes clear of obstructions
Monitoring of this will be conducted daily.